



SOUTH EASTERN KENYA UNIVERSITY

P. O. BOX 170-90200
KITUI, KENYA

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020-2531395 (NAIROBI)

TVET PART-TIME TEACHING PAYMENT REQUEST FORM FOR THE MONTH

OF _____ **YEAR** _____

FULL NAME _____ SIGNATURE _____ DATE _____

ID NO. NSSF NO. NHIF/SHIF NO.

PIN No. _____ DESIGNATION _____

EMAIL _____ TEL. No. _____

DEPARTMENT SERVED _____

ACADEMIC YEAR _____ SEMESTER ----- /MONTH _____

BANK NAME _____ BANK A/C No. _____ BRANCH _____

BRANCH CODE _____ SWIFT CODE _____

SR. No.	SUBJECT CODE	SUBJECT NAME
1.		
2.		
3.		
4.		
5.		
6.		

I confirm that the named person has taught subjects allocated to him/her in the month of, YEAR _____

CHAIRMAN OF DEPARTMENT _____ SIGNATURE _____ DATE _____

TVET DIRECTOR _____ SIGNATURE _____ DATE _____

CHECKED (DVC-ARI) _____ SIGNATURE _____ DATE _____

APPROVED/NOT APPROVED _____ SIGNATURE _____ DATE _____
DVC -CS